


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91052 049 ****70.00


DOCUMENT # N03000004653	
1. Entity Name COMMUNITY EMPLOYMENT AND COUNSELING CENTER, INC.	

Principal Place of Business 42763 SW 50 STREET MIRAMAR, FL 33027	Mailing Address P.O. BOX 173771 HIALEAH, FL 33017
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2. Principal Place of Business 12860 SW 51 street	3. Mailing Address P.O. BOX 173771
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State MIRAMAR FL	City & State HIALEAH FL
Zip 33027	Zip 33017
Country USA	Country USA

44043332



04282004 Chg-NP CR2E037 (10/03)

4. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent
FORDE, COLIN A DR 42763 SW 50 STREET 12860 SW 51 street MIRAMAR, FL 33027		Name
		Street Address (P.O. Box Number is Not Acceptable)
		City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Dr. Colin Forde* **DR. COLIN FORDE** *Dr. Colin Forde* **4-29-04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FORDE, COLIN A DR 12763 SW 50 STREET MIRAMAR, FL 33027 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KING, CHRISTINE M 1270 NW 131 STREET MIAMI, FL 33167 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOWEN, CELESTE A 1100 ST. CHARLES PLACE., D-416 PEMBROKE PINES, FL 33026 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DR. DAWN ARNO 501 W. 121 street #24 N.Y, N.Y. 10027 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Dr. Colin Forde* **DR. COLIN FORDE** **4-29-04** **(305)829-2943**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #